(703) 305-3686

plication or Docket Number

1. 15. 16. Mary 15. Mary

PATENT APPLICATION: LE DETERMINATION RECORD

10/069502

Effective October 1, 2001								107007702					
		CLAIMS A	S FILED (Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		t	BASIC FI			BASIC FE		
TOTAL CHARGEABLE CLAIMS			\\o minus 20=		*		•	X\$ 9=	1	```		TO STORY	
INDEPENDENT CLAIMS				ninus 3 =	<b>★</b> 1 - 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						- 20 mm to	A TOP SE	
M	JLTIPLE DEPE	NDENT CLAIM F						X42=		OR	X84=		
		5						+140=		OR	+280=	1	
; . <b>n</b>	• •			n zero, enter "0" in column 2				TOTAL		OR	TOTAL	840	
. *			MENDED - PART II				OTHER THAN						
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Column 2) (Column 3)			1	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
E E	Ind pendent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM			. 140	1		.000		
					*	'	İ	+140=.		OR	+280= **		
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	<u> </u>	(Column 1)	·	(Colum		(Column 3)		<u>.</u>		-			
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>	Minus	***		=	Ī	X42=		OR	X84=	-	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM _		-						
							L	+140=		OR	+280=		
							A	TOTAL DDIT. FEE		OR A	TOTAL ODIT. FEE		
	-	(Column 1)		(Colum		(Column 3)							
	. 14	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
;	Total	*	Minus	**		=	r	X\$ 9=	1		X\$18=	155	
	Independent	*	Minus	***		=	-	· · · · · ·		OR			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT (	CLAIM			X42=		OR	X84=		
								+140=		OR	+280=	_	
M If	th "Highest Nur	nn 1 is less than the mber Previously Pai	id For" IN THIS	S SPACE is I	less than	20, enter "20."	<b>Δ</b> 1	TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE		
***	th "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THI	S SPACE is	less than	3, enter "3."		_	·	A			